If this information is required in an accessible format, please contact 1-866-247-0055

Durham Region Transit (DRT)
Specialized Services

Specialized Services Application and Information Package

You are applying for a service that uses specialized and conventional transit services to deliver a trip from one accessible door to another.

Section A: Specialized Services Information

Section A must be read and each page initialed by the applicant. By initialing the bottom of the page, the applicant acknowledges that the information outlined has been read and understood.

- **Applicant Information Page** must be completed by the applicant or designate and contains personal information and direction on which sections of the application are applicable.

Section B must be completed by the applicant or designate and contains questions about the applicant's everyday mobility and ability to use conventional bus services.

Section C must be completed by the applicant's registered health care professional. The health care professional completing the application must have the appropriate knowledge, skill and judgement to evaluate the specific abilities of the applicant (the health care professional must also complete Section D, Part 2 if applicable).

Section D: Service Agreement for Day Programs must be completed by the applicant, the applicant's health care professional and a day program representative, **only** when an applicant attends an approved day program within the Region of Durham and is requesting to waive the requirement for a Personal Care Attendant for these trips.

Completed Applications:

Completed applications may be sent by mail or fax to:
Durham Region Transit
ATTN: Eligibility Office
110 Westney Road South, Ajax, ON, L1S 2C8
Fax: 905-619-9693

All applicable sections of the application must be filled out completely. If the application is not complete, or further explanation is required, the application will be returned to the applicant.

Specialized Services will review your application within 14 days of receipt of a completed application. Durham Region Transit will confirm eligibility by mail.

Applicants are required to attend an in-person interview and/or assessment unless otherwise advised by Specialized Services. Interviews and assessments are conducted at the Eligibility Office located at 110 Westney Road South, Ajax, Ontario or 605 Rossland Road East, Whitby, Ontario.

For further information or assistance with the application process, please call 1-866-247-0055 to speak with a representative from the eligibility office.

What is specialized transit?

- Provides door-to-door, shared-ride (multiple customers), accessible **public transit** service that uses specialized and conventional transit services to complete trips.
- Door-to-door trips provide transportation from the first accessible door at pick up to the first accessible door at final drop off. **Transfers between accessible vehicles may occur**.
- Door-to-door service is NOT a direct ride.

How is a specialized transit trip delivered?

1. A Specialized Services vehicle or contracted taxi (accessible van or sedan) will pick up a customer at the door of their place of origin (e.g. at home).
2. The customer will be taken to an accessible bus stop with a shelter, bench seating and a concrete pad. The waiting time at a bus shelter is **less than ten minutes**.
3. The customer then transfers to a conventional bus that will take them to a bus shelter as close as possible to the intended destination. A maximum of **one** conventional vehicle will be used on a specialized transit trip.
4. Another Specialized Services vehicle or contracted taxi will pick up the customer at the bus shelter and bring them to the accessible building entrance at their destination.

All trips are planned by Specialized Services staff. Customers are not required to look at any schedules or route maps. Specialized Services staff will provide customers with clear instructions about what to expect while travelling.

Eligibility for Specialized Services:

An applicant may be eligible for specialized transportation services if the person has a disability that prevents them from using conventional service for all or part of a trip. Disabilities may be short-term or long-term and may include physical, cognitive or sensory conditions. Disability alone does not create eligibility; **the eligibility decision is based on the applicant's functional ability to use conventional transit.**

An applicant may not be eligible for Specialized Services if they have the ability to access and use the accessible conventional services, or if they are required to travel with a Personal Care Attendant and are able to use conventional services with their attendant.

Eligibility is NOT based on:

- A particular disability
- Income level
- Age
- Lack of public transit in an applicant's area
- Solely the recommendation of a health care provider
- Reluctance or unwillingness to use regular public transit
- Finding regular public transit more difficult to use

Eligibility categories:

The Integrated Accessibility Standard (Ont Reg. 191/11) and *Accessibility for Ontarians with Disabilities Act*, 2005 (AODA) specifies three categories of eligibility for specialized services:

1. **Unconditional Eligibility:**
   A person with a disability that prevents them from using conventional transportation services.
2. **Temporary Eligibility:**
   A person with a temporary disability that prevents them from using conventional transportation services.
3. **Conditional Eligibility:**
   A person with a disability where environmental or physical barriers limit their ability to consistently use conventional transportation services.

The operator of a Specialized Service vehicle will NOT:

- Unlock or go through the door at the origin or destination (such as customer's home).
- Wait for someone to receive or arrive to open the door when dropping off the customer at their destination.
- Provide attendant support or supervision to customers (see Personal Care Attendant).
- Provide assistance that may jeopardize the health and safety of the operator.

The customer using Specialized Services is required to:

- Use and wear seatbelts when available on the vehicle.
- Be ready within the 20 minute pick-up window provided by dispatch staff.
- Have the ability to travel on a vehicle for 1.5 hours or longer.
- Travel with several other passengers on a shared-ride trip.

Conventional service:

Durham Region Transit (DRT) provides conventional transit services through a combination of scheduled fixed-route and On Demand transit services. The network uses AODA compliant transit buses supported by accessible infrastructure, enabling passengers the flexibility and independence to travel throughout the Region. Conventional transit buses are equipped with these five accessible features:

1. **"**Kneel" feature lowers the bus level with curb for easy boarding/exiting.
2. Front door access ramps for easy boarding and exiting **(there are no steps)**.
3. Two designated mobility aid (e.g. wheelchair) securement areas.
4. Auditory and visual next stop announcements inside the vehicle, and external announcements.
5. Priority seating at the front of the bus for passengers who require a seat.

Personal Care Attendant:

If an applicant does not have the ability to use public transit independently, then a Personal Care Attendant must accompany them on all trips when using Specialized Services.

The Personal Care Attendant is provided by the applicant and must be an adult capable of meeting the applicant's care needs to ensure safety throughout an entire trip, regardless of the origin or destination.

In order to travel unaccompanied, the applicant must have the ability to independently:

- Provide valid fare
- Recognize their destination
- Inform the operator if they are about to be dropped off at the wrong location
- Communicate name, address and phone number
- Get help if they are dropped off at the wrong location
- Maneuver their mobility aid/walk unassisted
- Address personal/medical issues/situations
- Be safely left unattended
- Follow instructions to safely complete transit trip (such as recognizing/boarding the correct vehicle and transferring between vehicles)

In order to travel unaccompanied, the applicant is NOT likely to engage in any of the following behaviours:

- Exiting the vehicle and wandering
- Causing harm to self or others
- Making verbal or physical threats
- Being disruptive to other passengers or the vehicle operator

The Support Person Assistance Card allows a Personal Care Attendant to travel with the customer on conventional and/or Specialized Services vehicles free of charge.

Mobility aids:

The maximum size for a mobility aid (wheelchair or scooter) that can be accommodated on a DRT conventional or Specialized Service vehicle is as follows.

- 76 centimeters (30 inches) wide.
- 123 centimeters (48 inches) long.
- Maximum combined weight of mobility aid and occupant is 272 kilograms (600 pounds).

All wheelchairs and scooters must be in good working condition in order to be transported. Scooters must have a lap belt. Wheelchairs must have a lap belt and footrests.

Section A: Applicant Information Page

This page must be completed by the applicant or designate.

Date Prepared_____ ☐New Application ☐Renewal Application

Personal information

Please print clearly ☐ Mr. ☐ Mrs. ☐ Ms.

First Name: _____ Last Name: _____

Date of Birth (Month/Day/Year): _____ Gender: _____

Address: _____ Apt/Unit#: _____

City:_____ Province: _____ Postal Code: _____

Telephone: Home: _____ Cell: _____ Work:_____

Email address _____

Mailing address

Please provide the mailing address you would like all Specialized Services mail sent to if it is different from the personal information provided above.

Name: _____

Address: _____ Apt/Unit#: _____

City:_____ Province: _____ Postal Code: _____

Emergency contact information

Name (Primary Contact): _____ Name (Secondary Contact): _____

Relationship to Applicant: _____ Relationship to Applicant: _____

Phone: _____ Phone:_____

Authorize a representative

Please provide the contact details for any other person that you authorize Specialized Services to communicate with regarding the details provided in the application.

Name: _____ Relationship: _____

Telephone: Home: _____ Cell: _____ Work:_____

Email Address: _____

Section A: Application Information and Direction Page

Section D: Service Agreement for Day Programs must **only** be completed by an applicant who attends an approved day program within the boundaries of Durham Region and is requesting to waive the requirement of a Personal Care Attendant for trips to and from their approved day program only.

An approved day program is a non-medical adult day service which provides care to individuals with cognitive impairments.

Which sections require completion?

1. Are you attending an approved day program **(as described above)**?

   ☐ Yes ☐ No

   If no, complete Section B and C only

2. Are you planning on using Specialized Services for trips to an approved day program **only**?

   ☐ Yes ☐ No

   If yes, skip to Section D and complete

3. Are you planning on using Specialized Services for trips to an approved day program **and** for trips to other destinations?

   ☐ Yes ☐ No

   If yes, complete Section B, C and D

Personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c.25 as amended, and in accordance with the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Protection Act, 2004, and will be used solely to determine eligibility for specialized transit services offered by the Region of Durham, and may also be used by DRT to contact you in the event of a general emergency, health or otherwise or declaration of a State of Emergency where it may become necessary to contact you directly to provide information to assist you. Any questions concerning this collection can be directed to the eligibility office, DRT Specialized Services.

Section B: For Completion by Applicant or Designate

Information About Your Mobility and Assistive Devices

1. **Please identify any disability conditions (listed below) that affect your ability to travel on conventional transit.**

   Explain in detail how and why this disability condition affects your ability to use conventional transit.

   ☐ Physical: _____

   _____

   ☐ Sensory: _____

   _____

   ☐ Mental Health: _____

   _____

   ☐ Cognitive: _____

   _____

   ☐ Other: _____

   _____

2. **When was the last time you travelled on Durham Region Transit conventional service?**

   _____ (please enter as month/year)

3. **Which of the following assistive devices would you need to use when traveling on Specialized Services?**

   ☐ Cane ☐ Prosthesis ☐ Manual Wheelchair
   ☐ Portable Oxygen ☐ Walker ☐ White/Red Cane
   ☐ Power Wheelchair ☐ Crutches ☐ Power Scooter
   ☐ Other (please describe): _____

   If you use a mobility aid, provide its outside dimensions (in inches or centimeters):

   Width: _____ Length _____

   Combined weight of applicant and mobility aid: ☐ Less than 600lbs ☐ More than 600lbs

   If you use a mobility aid, does your home have a ramp or lift?

   ☐ Yes ☐ No

4. **Do you travel with a guide dog or other service animal?**

   ☐ Yes ☐ No

Information about your abilities

Answers should be based on how you feel most of the time, under normal circumstances, and whether you can perform the activity by yourself, without assistance. For each question, provide one answer only unless otherwise noted.

5. **What is the furthest distance you can travel on a sidewalk (using your assistive device if applicable)? An average city block is 175 meters.**

☐ I am able to independently walk or roll **up to half** a city block.

☐ I am able to independently walk or roll **up to one** city block.

☐ I am able to independently walk or roll **up to two** city blocks.

☐ I am able to independently walk or roll **more than two** city blocks.

☐ I am only able to travel outdoors with an attendant or support person.

☐ I am not able to travel outdoors (**please explain**)._____

_____

6. **Can you independently cross the street at an intersection (using your mobility aid if applicable)?**

☐ Yes ☐ No

If no, please explain: _____

_____

7. **When connecting between public transit vehicles, are you able to wait for up to ten minutes at a location with a shelter and seating?**

☐ Yes ☐ No

If no, please explain: _____

_____

8. **Can you safely get on and off a wheelchair accessible conventional bus (there are no stairs)?**

☐ Yes ☐ No

If no, please explain: _____

_____

9. **I am able to independently: (check all that apply)**

   a) ☐ Recognize my destination.

   b) ☐ Communicate to the vehicle operator (verbally or with an augmentative device, in writing or with an alternative method of communication) if I am about to be dropped off at the wrong location.

   c) ☐ Get help if I was dropped off at the wrong location.

   d) ☐ Be safely left unattended on the vehicle with other customers when the vehicle operator is away from the vehicle (e.g. I am not at risk of exiting the vehicle and wandering).

   e) ☐ Maneuver my mobility aid (if I currently have one) to travel to and from the vehicle.

   f) ☐ Address any personal or medical issues/ situations expected during travel.

   g) ☐ Provide a valid fare (depositing cash fare/ validating through PRESTO or other DRT fare media).

Signature of applicant

I certify that the information provided in this application is true and correct. I understand that misinformation or misrepresentation of facts will be cause for disqualification or rejection of my eligibility. I also understand that additional information relating to my disability or health condition may be required to determine eligibility. I hereby consent to the transit operator and their assessment agency to contact my health care professional for additional information or if clarification is required.

Applicant's Signature: _____ Date: _____

If someone other than the applicant is preparing this form, please provide the following:

Name: _____ Relationship: _____

Address: _____

Telephone Home: _____ Work: _____ Cell: _____

Preparer's Signature: _____ Date: _____

Application Checklist

Before submitting your application, please ensure you have:

- ☐ Read and understood Section A
- ☐ Initialed each page in Section A
- ☐ Fully completed the Applicant Information Page in Section A
- ☐ Checked that your health care professional has completed Section C in full (and Section D, Part 2 if applicable)
- ☐ Checked that Section D is fully completed by all required individuals (if applicable)
- ☐ Made a photocopy of the entire application for your records

Please note that an incomplete application will not be processed and will be returned to the applicant. This will delay the review of your application.

Section C: For Completion by Health Care Professional

Section C is to be completed by a physician, nurse practitioner, registered nurse (RN/RPN), physiotherapist, occupational therapist or kinesiologist. The health care professional completing the application must have the appropriate knowledge, skill and judgment to evaluate the specific abilities of the applicant.

Please read Section A before completing this section.

You are being asked by the applicant named in Section A to provide information regarding their ability to use conventional transit service. If you have any questions regarding this application or Durham Region Transit (DRT) conventional services, please call 1-866-247-0055 to speak with a representative of the eligibility office.

The information you provide will allow DRT to determine the relevant category of eligibility for specialized services and to provide the appropriate public transit service based on the applicant's abilities.

Health care professional information

Please print clearly

Name: _____ Designation: _____

Address: _____

Telephone: _____ Extension: _____

Applicant's Disability Information

Please base your evaluation solely on the applicant's ability to use conventional transit for all or part of their trip.

1. **I have read and understood Section A in its entirety.** ☐ Yes ☐ No
2. **Which, if any, of the following disability(ies) does the applicant have? Check all that apply and explain/provide specifics.**

   ☐ Physical (specify): _____

   ☐ Cognitive (specify): _____

   ☐ Sensory (specify): _____

   ☐ Mental Health (specify): _____

   ☐ Other (specify): _____

3. **Severity of disability / limitations:**

   ☐ Mild ☐Moderate ☐Severe

4. **Describe in detail how the applicant's functional limitation affects their ability to use conventional transit for all or part of their trip:**

   _____

   _____

   _____

   _____

5. **Is the applicant currently using any assistive devices? (see page 7 for list)**

   ☐ Yes ☐ No

   If yes, please specify _____

6. **What is the furthest distance the applicant can travel on a sidewalk (using an assistive device if applicable)? An average urban block is 175 meters.**

   ☐ Up to half a level block ☐ Up to one level block

   ☐ Up to two level blocks ☐ More than two level blocks

   ☐ Applicant is unable to travel on outdoor terrain **(please explain):**_____

   _____

7. **What is the expected duration of the disability / limitations?**

   ☐ Permanent

   ☐ Permanent disability, however the applicant's condition/abilities are **expected to improve** (for example, participating in rehabilitation or physical therapy). Please provide details:

   _____

   ☐ Temporary, please indicate length of time: _____

   ☐ Seasonal (limitation impacted by weather):

   ☐ During the winter (November 1 to April 30), explain: _____

   _____

   ☐ During the summer (May 1 to October 31), explain: _____

   _____

8. **Based on the accessible features of DRT's conventional buses as described in Section A (NO stairs, access ramp with no incline, two areas for mobility aids (such as wheelchair) etc.), is the applicant able to physically board and ride a conventional bus?**

   ☐ Yes ☐ No, **If no, please explain:** _____

_____

9. In your professional opinion, does this applicant have the ability to:

a) Independently recognize their destination? ☐Yes ☐No

b) Inform the vehicle operator (verbally and/or in writing and/or with an augmentative device) if they are about to be dropped off at a wrong location? ☐Yes ☐No

c) Be safe and independently get help if dropped off at a wrong location? ☐Yes ☐No

d) Remain seated on the vehicle throughout the duration of the trip? ☐Yes ☐No

e) Independently address expected personal or medical issues during travel? ☐Yes ☐No

f) Be safely left unattended on a vehicle with other passengers? ☐Yes ☐No

g) Independently mobilize (using a mobility aid if applicable)? ☐Yes ☐No

h) Follow verbal instructions provided by DRT to safely and independently complete a transit trip (such as recognizing and boarding the correct vehicle or transferring between vehicles)? ☐Yes ☐No

i) Comprehend safety risks in the community? ☐Yes ☐No

j) Communicate their name, address of origin, destination, and emergency contact phone number to the vehicle operator (verbally and/or in writing and/or with an augmentative device)? ☐Yes ☐No

10. Is the applicant likely to engage in any of the following behaviors?

a) Exiting the vehicle and wandering when the operator exits the vehicle to escort other passengers? ☐Yes ☐No

b) Causing harm to themselves? ☐Yes ☐No

c) Causing harm to others? ☐Yes ☐No

d) Making a verbal or physical threat of violence or harm? ☐Yes ☐No

e) Being disruptive to other passengers or the vehicle operator? ☐Yes ☐No

f) Other (please explain): _____

Certification by a health care professional

I hereby certify that the information I have provided is accurate and complete to the best of my knowledge. I understand that misinformation or misrepresentation of facts will be cause for disqualification or rejection of the applicant's eligibility.

Health Care Professional's Signature: _____

Date: _____

Section D (Part 1): Service Agreement for Day Programs

Section D must **only** be completed by an applicant who attends an approved day program within the boundaries of Durham Region and is requesting to waive the requirement for a Personal Care Attendant solely while travelling by bus to and from their approved day program**.**

> **Part 1** must be completed by the applicant and/or designate who is requesting to waive the requirement of a Personal Care Attendant when travelling to/from an approved day program.
>
> **Part 2** must be completed by the applicant's registered health care professional.
>
> **Part 3** must be completed by a representative of the approved day program attended by the applicant.

The applicant, _____ , if approved for the Service Agreement for Day Programs, will travel to/from approved day programs without a mandatory Personal Care Attendant for these trips **only.**

There are specific requirements a customer must meet to qualify for the Service Agreement for Day Programs. Where a customer demonstrates that they are unable to meet these conditions, the Service Agreement and trips will be immediately suspended until**:**

a) The Service Agreement is reviewed between the designated Specialized Services representative and the customer and/or parent/guardian; and
b) DRT agrees to continue with the Service Agreement

Please note, although the Service Agreement for Day Programs determines eligibility, DRT accommodates rides based on vehicle capacity at the requested time of travel.

DRT Specialized Services will provide the following:

- Escort the customer door-to-door.
- Wait until the customer crosses the threshold of the first accessible door.
- Wait five minutes past the confirmed pick-up time for the customer to show.

DRT Specialized Services does NOT provide the following:

- Unlock or go through the door of the customer's residence.
- Wait for a family member to arrive to open the door of the customer's residence.
- Wait for a representative of the day program to arrive to open the door of the facility / building.
- Enter the day program facility/building

Section D (Part 1): For Completion by Applicant or Designate

Information About Your Disability Condition and Assistive Devices

1. **Please identify your disability condition(s)**

   _____

   _____

   _____

2. **Do you use a mobility device when travelling with public transit? (see pg. 7 for list)**

   ☐ Yes ☐ No

   If yes, please specify:_____

   If you use a mobility aid, provide its outside dimensions (in inches or centimeters):

   Width: _____ Length_____

   Combined weight of applicant and mobility aid: ☐ Less than 600lbs ☐ More than 600lbs

Day program name, address and telephone number:

Name: _____

Address: _____

Telephone: _____

Contingency Plan:

If circumstances arise that require assistance for the customer, please provide the necessary contingency plan details below. The contact information provided must be of a family member/friend that lives in Durham Region, **in a separate residence from the customer**, and is able to accept the customer as part of the contingency plan. If none of the contacts below can be reached as part of the contingency plan, future rides will be suspended until the parent/guardian is contacted and reminded of this agreement.

Contingency contacts if parent / guardian is not available:

1) Name:_____ Relationship:_____

Address:_____

Available days/hours as contingency contact: _____

Home/mobile/business: _____

2) Name:_____ Relationship:_____

Address:_____

Available days/hours as contingency contact: _____

Home/mobile/business: _____

3) Name:_____ Relationship:_____

Address:_____

Available days/hours as contingency contact: _____

Home/mobile/business: _____

Signature of Applicant or Designate

By signing this Agreement, I acknowledge that I have read, understood and agree to its terms. I certify that all information provided in this application is true and correct. I understand that misinformation or misrepresentation of facts will be cause for disqualification or rejection of my eligibility. I also understand that additional information relating to my disability or health condition may be required to determine eligibility. I hereby consent to DRT and their assessment agency to contact my health care professional for additional information or if clarification is required.

I further acknowledge that the customer and/or parent/guardian are responsible to ensure that a representative from the day program will be present to meet or supervise the customer at the threshold of the first accessible door when DRT arrives at the location for drop-offs and pick-ups.

Applicant or Designate Signature:_____ Date: _____

Section D (Part 2): For Completion by Health Care Professional

Section D (Part 2) is to be completed by a physician, nurse practitioner, registered nurse (RN/RPN), or occupational therapist. The health care professional completing the application must have the appropriate knowledge, skill and judgment to evaluate the specific abilities of the applicant.

You are being asked by the applicant named in the Section A to provide information regarding their ability to use Durham Region Transit without a Personal Care Attendant when travelling to and from an approved day program. If you have any questions regarding this application, please call 1-866-247-0055 to speak with a representative of the eligibility office.

The information you provide will allow DRT to determine eligibility for the Service Agreement based on the applicant's abilities.

Health care professional information

Name:_____ Designation: _____

Address:_____

Telephone:_____ Extension:_____

Capabilities of Applicant

Please **initial on the line** next to each statement that is applicable to the applicant. Initials are the only accepted form of documentation to indicate the applicant's abilities. (Please note, tick marks or check marks will **not** be accepted, and the application will be returned for clarification.)

By applying for services to/from day programs without a Personal Care Attendant, you are confirming (by **initialing** where applicable) that, in your professional opinion, the applicant has the capabilities below. **If the statement does not apply to the applicant, leave the corresponding line blank**.

a) Able to recognize own residence. _____

b) Able to communicate (verbally, with an augmentative device, in writing or with an appropriate alternative method of communication) name, address and phone number to the vehicle driver. _____

c) Able to be left unattended in a vehicle if the driver leaves to escort other customers. _____

d) Consents to wear a vehicle seatbelt. _____

e) Able to remain seated for the duration of the trip. _____

f) Able to be transported in a Specialized Services vehicle without being disruptive or posing risks to other passengers or the vehicle driver. _____

g) Able to enter and exit own residence without assistance/intervention from the vehicle driver. _____

h) Able to safely remain in own residence once dropped off by Specialized Services. _____

Certification by a Health Care Professional

I hereby certify that the information I have provided is accurate and complete to the best of my knowledge. I understand that misinformation or misrepresentation of facts will be cause for disqualification or rejection of the applicant's eligibility.

Signature:_____ Date: _____

Section D (Part 3): Completed by the Day Program Representative

This document is to be completed by a representative from the day program attended by the applicant.

Applicant and Day Program Information:

Name of Applicant: _____

Name of Day Program: _____

Address of Day Program: _____

Street: _____ Unit #: _____

City:_____ Province: _____ Postal Code: _____

Please indicate when applicant will be in attendance:

☐ Monday Start time: _____ End time: _____

☐ Tuesday Start time: _____ End time: _____

☐ Wednesday Start time: _____ End time: _____

☐ Thursday Start time: _____ End time: _____

☐ Friday Start time: _____ End time: _____

☐ Saturday Start time: _____ End time: _____

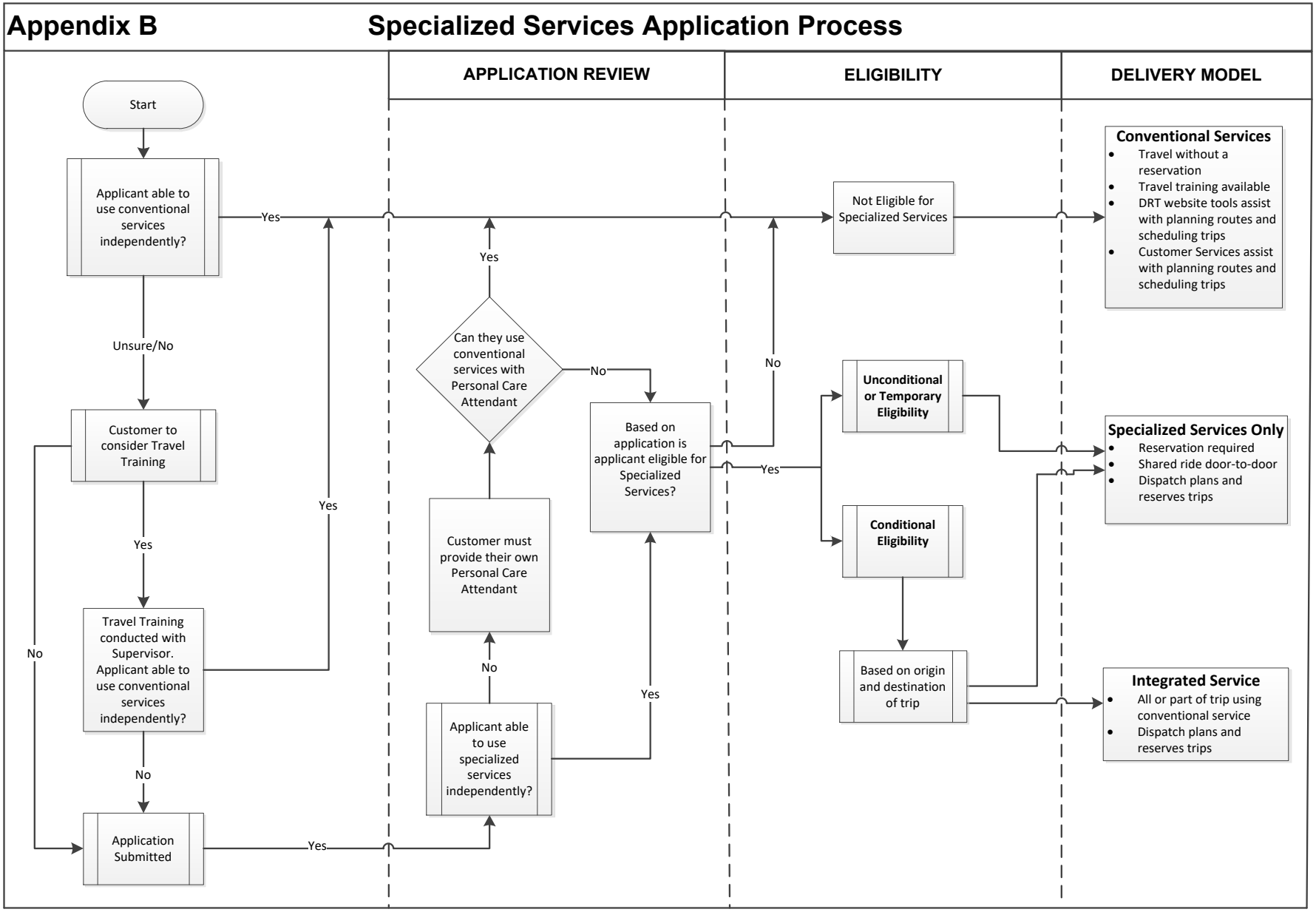
☐ Sunday Start time: _____ End time: _____

Representative from Day Program:

By completing and signing this document, I acknowledge that a representative from the day program stated above will be present at the threshold of the first accessible door to meet the applicant at the scheduled drop-off and pick-up time(s). Drop-off and pick-up times may be different than the start and end times listed above. The applicant or their parent / guardian is responsible to coordinate all times with the day program.

Name (please print): _____

Signature: _____

Date: _____

Appendix B: Specialized Services Application Process Flowchart